



TPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of) Group Art Unit 3673
MARK SHAW)
Serial No.: 10/667,791) Tuyet Phuong Pham Luu, Examiner
Filed: September 22, 2003) Confirmation No. 9561
For: ANTIDECUBITUS) Certificate of Mailing
HEEL PAD) I hereby certify that this correspondence was deposited
Customer No. 00002636) with the United States Postal Service as first class mail,
) in an envelope addressed to:
) Mail Stop Amendment,
) Commissioner for Patents,
) P.O. Box 1450,
) Alexandria, VA 22313-1450 on this November 16,
) 2004.
) Sherry L. Leonardi
) Sherry L. Leonardi

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 24, 2004, the Applicant, through his attorney, responds as follows.

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

11/30/2004 EKEY11 00000001 180987 10667791
01 FC:2201 44.00 DA
02 FC:2202 36.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10667791

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	29
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	29 minus 20 = 9
INDEPENDENT CLAIMS	3 minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

1/17/04 CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 33	Minus ** 29 = 4
Independent	* 4	Minus *** 3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	** =
Independent	* Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	** =
Independent	* Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE OR OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	BASIC FEE	750.00
X\$ 9=	81	X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL	456	OR TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	36.00	X\$18=	
X42=	44.00	X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	